

FILED 06 FEB '18 11:24 USDC-ORE

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF OREGON
EUGENE ☒ DIVISION
(Select the Division in which the complaint is filed.)

DENNIS RUSSELL HOOPER

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

**YAMPA VALLEY MEDICAL CENTER;
DR. LAILA WILBER P OWERS**

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for a Civil Case

Case No. 6:18-cv-244-JR
(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No
(check one)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	DENNIS HOOPER
Street Address	P.O. BOX 1902
City and County	ROSEBURG DOUGLAS
State and Zip Code	OREGON 97470
Telephone Number	541-332-0118
E-mail Address	mollyandeve@yahoo.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	YAMPA VALLEY MEDICAL CENTER
Job or Title (if known)	
Street Address	1024 CENTRAL PARK DRIVE
City and County	STEAMBOAT SPRINGS YAMPA
State and Zip Code	COLORADO 80487
Telephone Number	970-879-1322
E-mail Address (if known)	www.yvmc.org

Defendant No. 2

Name	DR. LAILA WILBER POWERS
Job or Title (if known)	FACEP surgery/emergency medicine
Street Address	1024 CENTRAL PARK DRIVE
City and County	STEAMBOAT SPRINGS YAMPA

State and Zip Code	COLORADO 80487
Telephone Number	970-879-1322
E-mail Address (if known)	

Defendant No. 3

Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	

Defendant No. 4

Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (*check all that apply*)

☐ Federal question

☒ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) DENNIS HOOPER, is a citizen of the State of (name) OREGON.

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) DR. LAILA WILBER POWERS, M.D., is a citizen of the State of (name) COLORADO. Or is a citizen of (foreign nation) _____.

b. If the defendant is a corporation

The defendant, (name) YAMPA VALLEY MEDICAL CENTER, is incorporated under the laws of the State of (name) COLORADO, and has its principal place of business in the State of (name) COLORADO. Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

The misdiagnosis of plaintiff's injury caused him prolonged discomfort, anxiety, and mental
anguish. Defendants also prescribed plaintiff incorrect medication and inappropriate
treatment which subjected plaintiff to additional pain and suffering needlessly.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

On February 8, 2016, plaintiff visited defendant Yampa Valley Medical Center in Steamboat Springs, Colorado,
via their emergency room. Plaintiff complained of a severely swollen upper right leg. Defendant Dr. Powers was the
attending ER physician. Defendant Powers ordered blood tests and an ultrasound to determine the cause of the
swelling, but no x-rays were done. Defendant Powers determined plaintiff had a Deep Vein Thrombosis and prescribed
Coumadin and Lovenox. Plaintiff was released the same day. On February 13, 2016, plaintiff returned to Oregon, (cont.)

III. Statement of Claim

by air, and landed at the Portland airport. Plaintiff's right leg swelling had not subsided so plaintiff went to the ER at the Portland Veteran's Administration Medical Center. X-rays were taken and it was determined that plaintiff's right femur had a shear fracture above the knee. Surgery was performed on February 15, 2016 where stabilization rod and hardware were installed. Plaintiff has had two subsequent surgeries to partially remove some of the hardware.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

For physical and mental pain and suffering, emotional duress and loss of
 enjoyment of life, plaintiff seeks \$74,000.00 in general damages.

Plaintiff seeks \$1000.00 in special damages and \$1000.00 in
 exemplary damages.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

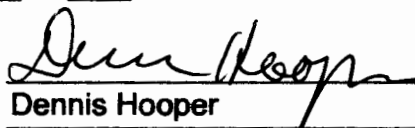
A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: February 3, 20 18.

Signature of Plaintiff

Printed Name of Plaintiff


 Dennis Hooper